

# GATEWAY ENT NOTICE OF PRIVACY PRACTICES

Effective April 7, 2026

This notice describes how medical information about you (or your child) may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We respect the confidentiality and personal nature of our patients' private health information. We are committed to protecting your health information and informing you of your rights regarding such information. We are required by law to protect the privacy of our patients' protected health information, to provide notice of these legal duties and to notify you following a breach of unsecured protected health information. This Notice explains how, when and why we use and disclose health information and our patients' privacy rights regarding health information.

**"Protected Health Information"** (PHI) generally includes information that we create or receive that identifies an individual and relates to the past, present or future health status or care, or the provision of or payment for health care. We are obligated to abide by the Privacy Practices set forth below as of the effective date. We may, however, change our Privacy Practices in the future and specifically reserve our right to change the terms of this Notice and our Privacy Practices. We will communicate any change in our Notice and Privacy Practices as described at the end of this Notice. Any changes that we make in our Privacy Practices will affect any protected health information that we maintain.

**"Personal Representative"** is defined as a parent, guardian, or a person authorized by law to act on behalf of a person.

Specifically the purposes of the Privacy Policy of Gateway ENT are:

- To ensure that health information regarding our patients is kept private.
- To provide our patients and their guardians this Notice of Privacy Practices and inform you of our legal duties with respect to private health information.
- To notify you in writing within 60 days in the event your health information is compromised by Gateway ENT, one of our affiliates, or by someone with whom we have contracted to conduct business on our behalf.

## CLIENT'S RIGHTS CONCERNING PROTECTED HEALTH INFORMATION

**Inspecting and Obtaining copies of Your Health Information** Patients and/or their guardians may ask to look at and/or obtain a copy of the patient's health information. This request must be made in writing to Gateway ENT. Attn: **Records Department, 9701 Landmark Parkway Drive, Suite 201, St. Louis, MO 63127.** We may charge a fee for copying or preparing a summary of requested health information. We will generally respond to your request for health information within 30 days of receiving your request unless your health information is not readily accessible or the information is maintained in an off-site storage location.

**Requesting a Change in a Patient's Health Information** A patient or guardian may request, in writing, a change or addition to a patient's health information that is incorrect or incomplete. The request must be in writing. The law limits changes that you may make to any health record, including but not limited to, whether we created or include the health information within our records or if we believe that the health information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

**Requesting Confidential Communications** You may request changes in the manner in which we communicate with you or the location where we may contact you by making such request in writing. You can ask us to contact you in a specific way (for example, home or office phone or mail). We will accommodate a reasonable request, but in determining whether your request is reasonable, we may consider the administrative difficulty it may impose on use.

**Requesting an Accounting of Disclosures of Your Health Information** You may ask, in writing, for an accounting of certain types of disclosures made of your or the child's health information for the six years prior to the date of the request by contacting Gateway ENT. Attn: **Records Department, 9701 Landmark Parkway Drive, Suite 201, St. Louis, MO 63127.** The law excludes from this accounting many of the typical disclosures, such as those made in connection with care, to pay for health services or where you provided your written authorization for the disclosure. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

**Notification Following a Breach of Unsecured Protected Health Information** We will notify you in writing within a reasonable time not to exceed 60 days, in the event your health information is compromised as the result of any act or omission by Gateway ENT or by

someone with whom we contracted to conduct business on our behalf.

**Obtaining a Notice of Our Privacy Practices** We provided you with our Notice to explain and inform you of our Privacy Practices. You may also take a copy of this Notice with you. Even if you have requested this Notice electronically, you may still request a paper copy any time. You may also view or obtain a copy of our Notice at our website at [www.gatewaydrs.com](http://www.gatewaydrs.com)

**You may Appoint Someone to Act for You** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure that any person acting on behalf of a patient has authority to act before we take any action.

**You may file a Complaint** We welcome an opportunity to address any concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated you may file a complaint with Gateway ENT by submitting your complaint in writing addressed to Gateway ENT. Attn: Privacy Officer, 9701 Landmark Parkway Dr., Ste. 201, 63127.

You may also file a Complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

Be assured that filing a complaint will have no impact on your care or result in penalty or retaliation of any kind.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION**

**For Treatment** We may use and/or disclose to health care providers and other personnel who are involved in the client's care and who will provide medical treatment or services.

**For Payment of Health Services** We may use and/or disclose information to bill and receive payment for the services we have rendered.

**For Our Health Care Operations** We may use and/or disclose information to help assess and improve the health care services or other services that we provide. For example, we may use your health information to assess the scope of our services or to determine if additional health services are necessary. In determining what services are necessary, we may disclose your health information to other providers or business professionals for review, consultation,

comparison and planning. We may disclose your health information to auditors, accountants, attorneys, government regulators and other consultants to assess and/or ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.

We may also disclose your health information to outside organizations or providers in order for them to provide services to you on our behalf. We will seek written assurances from these providers to safeguard the health information they receive.

**Special Circumstances When We May Disclose Your Health Information on a Limited Basis** After removing identifying information, including name, address, social security number, client id, from health information, we may use your health information for research, public health activities or other health care operations. While only limited identifying information will be used, we will also obtain certain assurances from the recipient of such health information that they will safeguard the information and only use and disclose the information for limited purposes.

In conducting or participating in activities related to treatment, payment and health care operations, we may add or combine your information into electronic (computer) databases with information from other health care providers to help us improve our health services. For instance, using a combined information database, we may have more information about your health to help us make more informed decisions about your care.

**Business Associates** We may disclose your PHI to our business associates who provide us with services necessary to operate and function as a health care provider. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. For example, we may use a separate company to process our billing or transcription services that require access to a limited amount of your PHI. Please know and understand that all of our business associates are obligated to comply with the same HIPAA privacy and security rules in which we are obligated. Additionally, all of our business associates are under contract with us and committed to protect the privacy and security of your PHI. We may also share your PHI with a Business Associate who will remove information that identifies you so that the remaining information can be used or disclosed for purposes outside of this Notice.

**For Activities Permitted or Required by Law** The following are examples of disclosures permitted or required by law where we may use and/or disclose your health information without first obtaining your written authorization:

- **Public Health Activities** We may disclose certain

health information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse. In certain limited situations, we may also disclose health information to notify a person exposed to a communicable disease.

- **Health Oversight Activities** We may disclose health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor our operations.
- **Law Enforcement Activities** We may disclose limited information in response to a law enforcement official's request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person or for reporting a crime that has occurred on our premises or that may have required a need for emergency services.
- **Judicial and Administrative Proceedings** We may disclose health information in response to a subpoena or order of a court or administrative tribunal.
- **Coroner, Medical Examiner, Funeral Director** We may release health information to a coroner, medical examiner or funeral director to identify a deceased person or determine the cause of death.
- **Research Purposes** We may conduct and participate in research from time to time. In certain circumstances, we may disclose health information to people preparing to conduct a research project to help them determine whether a research project can be carried out or will be useful, so long as the health information they review does not leave our premises. Unless you tell us that you do not want to participate in, or to exclude your health information, your health information will be added to such databases that will be accessible for approved research projects. To determine whether you may be a candidate for certain studies and research, our clinicians and research personnel may at times review your health information and compare your information to the study and/or research requirements. Your participation in such studies or research is voluntary and you will be provided with additional information if it is determined that you or your child is a candidate for a study or research.
- **Avoidance of Harm to a Person or Public Safety** We may use and disclose health information if we believe that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of another person.
- **Appointment Reminders and to Inform You of Health-Related Products or Services** We may use or disclose your health information in order for us to contact you for appointments or other scheduled

services, or to provide you with information about treatment alternatives or other health-related services.

- **Billing and Collection Purposes** We may use or disclose your health information for the purpose of obtaining payment for services provided. You may be contacted by mail or telephone at any telephone number associated with you, including wireless numbers. Messages may be left on answering machines or voicemail, including any such message information required by law (including debt collection laws) and/or regarding amounts owed by you. Text messages or emails using any email addresses you provide may also be used in order to contact you.

## USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

- In most cases, disclosure of psychotherapy notes.
- We will not engage in disclosures that constitute a sale of your health information without your written authorization. A sale of protected health information occurs when we, or someone we contract with directly or indirectly, receive payment in exchange for your protected health information.
- We will not use or disclose your protected health information for marketing purposes without your written authorization. Marketing is defined as receipt of payment from a third party for communicating with you about a product or service marketed by the third party.
- For situations not generally described in our Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing at any time to stop future disclosures of your information. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that we have already taken. In addition, if we collected the information in connection with a research study we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice affecting all health information that we now maintain as well as information that we may receive in the future. We will provide you with a revised Notice by making it available to you, upon request, and by posting it at our service sites. We will also post the revised Notice on our website.

